

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under E.O. 12812-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

F

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

Signature

Signed William Allan

On

8-12-05
Date

618-234-5504

Telephone Number _____

Name of Person Filing WILLIAM ADRIAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS & FITTERS LOCAL 101 HEALTH&WELFARE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 137 IOWA AVENUE</p> <p>City BELLEVILLE</p> <p>State Illinois ZIP Code + 4 62221</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>BONA FIDE EMPLOYEE OF OFFICER RECEIVING WAGES FROM FUND.</p> <p>11.b. Approximate dollar value of such dealing. \$10,847</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>N/A</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$0</p>

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name BENEFIT CONSULTANTS, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 13515 BARRETT PARKWAY DRIVE STE 265

City BALLWIN

State Missouri ZIP Code + 4 63021-5870

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

ROUND OF GOLF

11.b. Approximate dollar value of such dealing.

\$54

12.a. Nature of interest held or income received.

12.b. Amount.

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name DIEKEMPER, HAMMOND, SHINNERS, TURCOTTE & LAW

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7730 CARONDELET AVENUE STE 200

City ST LOUIS

State Missouri ZIP Code + 4 63105

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LUNCH-HARRY'S

11.b. Approximate dollar value of such dealing.

\$31

12.a. Nature of interest held or income received.

12.b. Amount.